



In re application of:  
Yoshio IWASAKI, et al.  
Serial No: 10/753,087  
Confirmation No.: 5419  
Filed: January 7, 2004  
For: DISPLAY STRIP

Art Unit: 3634  
Examiner: Vivian Chen

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
May 18, 2005

Date of Deposit  
Olga Berson, Reg. No. 55,001

Name  
*Olga Berson* 05/18/05  
Signature Date

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ A certified copy of [COUNTRY] Patent Application No. [APPL'N#] filed [FILING DATE] from which priority is claimed under 35 U.S.C. § 119 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	42	-	33 **	9	LG=\$50 SM=\$25 \$50	\$ 450
INDEPENDENT CLAIMS FEE	4	-	3 ***	1	LG=\$200 SM=\$100 \$[FEE]	\$ 200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ [FEE]
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ [FEE]
TOTAL						\$ 650

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The Commissioner is hereby authorized to charge \$650 for additional claims to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By: *Olga Berson*

Olga Berson, Ph.D.  
Registration No. 55,001  
Attorney for Applicant(s)

Date: May 18, 2005

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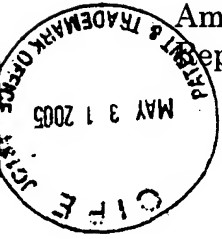
Appl. No. 10/753,087

Amdt. Dated May 18, 2005

Reply to Office Action of February 25, 2005

Attorney Docket No. 89285.0005

Customer No.: 26021



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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**AMENDMENT**

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Name

*Olga Berson*

05/18/05

Signature

Date

Dear Sir:

In response to the Office Action dated February 25, 2005, please amend the above-referenced application as follows:

**Amendments** to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

05/31/2005 RFEKADU1 00000038 501314 10759087

01 FC:1201 200.00 DA  
02 FC:1202 450.00 DA